

City of New Orleans New Orleans Historic District Landmarks Commission

# Designation Report

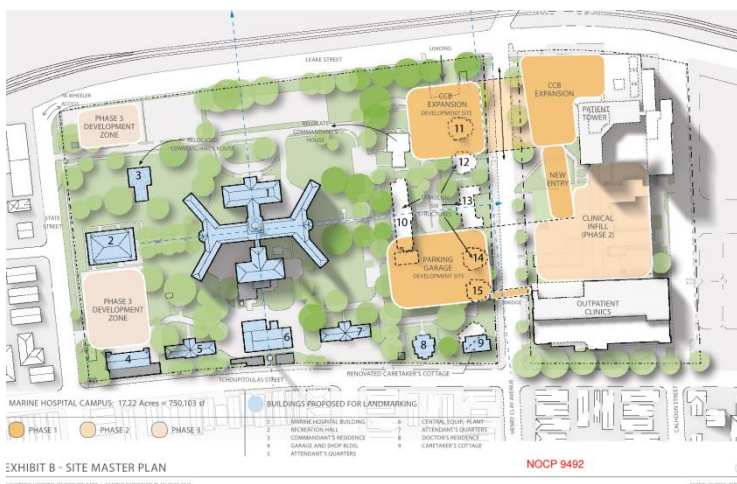
210 State Street

Eleanor S. Burke  
5/22/2015



Figure 1. United States Public Health Service Hospital

210 State Street is a 17.2 acre site comprised of squares 2 & 3 in the 6<sup>th</sup> District of the City of New Orleans. The site is bounded by State Street, Henry Clay Avenue, Tchoupitoulas Street and Leake Avenue. The site was acquired by the United States government in 1883 for use as the U. S. Marine Hospital. The U. S. Marine Hospital, later named the Public Health Service Hospital, operated at the site for almost 100 years when it was closed in 1981. The site was then transferred to the State of Louisiana and occupied by the New Orleans Adolescent Hospital (NOAH). NOAH was shuttered in 2009 and the site was sold to Children's Hospital in 2014. On March 19, 2015 the New Orleans Historic District Landmarks Commission nominated the entire site excluding six buildings (10-15) at the Henry Clay side of the site as well as the brick wall at the Henry Clay Avenue property line (Figure 2) for study as a



landmark. Landmarks designated by the Commission are buildings or sites that have been determined to be of architectural significance connected with a notable personage, the work of a noted architect, or of importance to the social, political, economic and/or cultural history of New Orleans. This report will evaluate the site and its significance relative to the criteria set forth in section 84-22 of the City Code.

Figure 2. Exhibit B – Site Master Plan, Eskew, Dumez & Ripple

## **The U.S. Public Health Service – A Brief History**

The vast and complex United States public health system as we know it today began in 1798 when President John Adams signed into law an “Act for the Relief of Sick or Disabled Seamen.” The act stipulated that twenty cents per month would be deducted from all seaman’s wage and pooled by the Department of the Treasury to provide for their medical treatment. At the time, the nation’s leaders believed it essential to ensure that the seamen, whose toils at sea were notoriously laborious, were competently cared for when they returned to the ports of the United States. Shipping and trade were so central to the nascent nation that the health of its laborers was considered critical to the economy.

In addition the care of seamen who encountered foreign diseases during their travels could help prevent the spread of infection and lower the risk of epidemics within the United States. The monies collected were used to establish hospitals for the care of seamen, and eventually they and all sailors in the U. S. Navy would be cared for in hospitals and clinics in port cities and inland waterways, such as Boston, Charleston, Mobile, Staten Island, Newport, Rhode Island and New Orleans. This network of hospitals, named the Marine Hospital Service (MHS), was placed under the Revenue Marine Division of the Treasury Department.

Over time, proceeds from the tax were insufficient to cover the demand and the MHS suffered from consistent underfunding. Seamen with incurable or chronic diseases were excluded from care, and hospital stays were capped at four months. Congress was continually pressed to appropriate funds to cover the shortages while also funding hospital construction and upkeep. Eventually in 1870, Congress reorganized the MHS into a national agency with a staff, administration and offices in Washington, DC. It was at this time that the MHS adopted a military organization and character. The agency was placed under the control of a Supervising Surgeon General, John Maynard Woodworth, and the tax on each seaman was raised from twenty cents to forty cents a month. The medical officers were called “Surgeons,” wore uniforms and entered the Marine Hospital Service rather than being appointed to a particular hospital. This system allowed the physicians to be mobilized around the country, as need dictated. From 1884 until 1906, the custom of taxing the individual seamen was discontinued in favor of taxing the tonnage of goods shipped into the United States. From 1906 until 1981 the entire MHS network was funded directly by Congress.

Throughout the 19<sup>th</sup> century the Marine Hospital Service operated as the first line of defense for protecting the public from epidemics of which there were many including yellow fever, cholera, influenza, Bubonic plague and small pox. These epidemics, once unleashed, wreaked havoc on the stability of the nation and disrupted social, economic and governmental functions. The Marine Hospital Service’s mission expanded to include supervising quarantines, immigrant inspection and instituting preventative strategies, such as the decimation of the rat population to stifle the spread of the Bubonic plague. In recognition of the Marine Hospital’s increasing role in the nation’s public health system, Congress funded an expansion of the research arm of the Marine Health Service in 1902 and directed the Surgeon General to hold annual conferences with local, state and nation public health officials to better coordinate the nation’s public health system. At this time, the name of the agency was changed to the Public Health and Marine Hospital Services. The name was changed again in 1912 to the United

Stated Public Health Service (USPHS) and its powers broadened again to include biomedical research into diseases such as tuberculosis, hookworm, leprosy, as well as sanitation and maintaining a clean water supply.



Figure 3. Marine Hospital, Memphis, TN



Figure 4. Marine Hospital, Seattle, WA



Figure 5. Marine Hospital, Staten Island, NY

During the late 1920's a large building campaign was launched to construct modern medical facilities to replace the aging 19<sup>th</sup> century Public Health Service hospital inventory. The large institutions designed and constructed by the federal government during this era share in common extensive, park-like campuses with a large hospital building surrounded by smaller support and residential structures. These hospitals were of monumental scale and of various early 20<sup>th</sup> revival styles. Similar Public Health Service hospitals constructed during the era include the USPHS hospitals in Memphis, Tennessee, Seattle, Washington and Staten Island, New York. (Figures 3, 4 and 5)

As the federal government expanded its role in the development of national public health policies, the Public Health Service continued to grow. In 1939, the Public Health Service was transferred to the Federal Security Agency, which oversaw several agencies related to health, welfare and education. It was at this time that the Public Health Service's ties to the Department of the Treasury were finally severed. Throughout the decades and the many reorganizations and rebranding, the Public Health Service continued to serve its core function: providing medical care to seamen and the armed forces while controlling the spread of infectious disease.

With the onset of two world wars, the network of hospitals dedicated to the armed services naturally grew to meet the demands of disabled and sick war veterans returning from war. While many Public Health Service hospitals were coopted for use as Veterans Administration (VA) Hospitals, many VA hospitals were built in addition to the Public Health Service hospital, as was the case in New Orleans. As the Veterans Administration and its network of facilities grew, and the numbers of merchant seamen declined, the demand for beds at the Public Health Service hospitals dwindled. Research and public health initiatives were shifted to other federal agencies and by the late 1970's, support for the USPHS decreased. In 1981 the few remaining Public Health Service hospitals were shuttered, placing the burden of the care for its patients in the hands of the Veterans Administration, amongst other facilities. Public Health Service Hospital sites across the nation were either abandoned or given over to the states for adaptive reuse – as was the case in New Orleans. Over time, Public Health Service Hospitals have

become home to other hospitals, converted as resorts, condominiums or other institutional uses. Many lay fallow, relics of the United States' impressive medical-industrial history.

### New Orleans Marine Hospital

In 1801, following Congressional approval of the 1798 "Act for the Relief of Sick and Disabled Seamen," Dr. William Bache was appointed director of the New Orleans Marine Hospital. The Marine Hospital was located within Charity Hospital until 1847 when Congress appropriated \$70,000 for the construction of a Marine Hospital in New Orleans. A three-story Gothic Revival style hospital was soon constructed in Algiers on the West Bank and had a capacity of 269 beds. A crevasse in the river in 1858 forced the closure of the Marine Hospital and its relocation to Jackson Barracks where it remained until 1861. Between 1861 and 1885 the Marine hospital relocated several times, housed intermittently within Charity Hospital, Touro Infirmary and Hotel Dieu. In 1883 the Marine Hospital acquired the land now known as 210 State Street, an entire square bounded by Leake Avenue, Henry Clay Avenue, Tchoupitoulas and State Streets. (Figure 6)

The land that 210 State Street occupies was part of the original land grant of Jean Batiste Lemoyne, Sieur de Bienville. By 1781, the plantation, which stretched 20 arpents along the river from present day Joseph Street to near the lower boundary of Audubon Park, was owned by Etienne de Boré, the first Mayor of New Orleans. De Boré is celebrated for transforming Louisiana agriculture by successfully producing a profitable sugar cane crop following the collapse of indigo production during the 1790's. Following his death, the plantation changed hands several times until 1831 when it was sold to Dominique Francois Burthe, first president of the New Orleans and Carrollton Railroad. Sugar cane production ceased on the property during the 1820's and the land was used over the years for cattle grazing, sawmill and a brickyard. The change in production reflected the building boom occurring in New Orleans during that era, and the need for

supplies to fuel construction. Polycarpe Fortier purchased the land in 1857 and operated a brickyard on the batture. The brickyard ceased operation during the Civil War, and the land was eventually sold by Fortier's widow to the U S Marine Hospital in 1883 for \$35,000. Figure 6 shows the buildings located on the site during the late 1870's when the survey work for the 1883 Robinson Atlas was performed. A thorough detailed history of the site's pre 1883 history can be found in Sally Evans Reeves and William Reeves' "Management Summary Cultural Resources Survey prepared for the United States Public Health Hospital," completed in October of 1981.

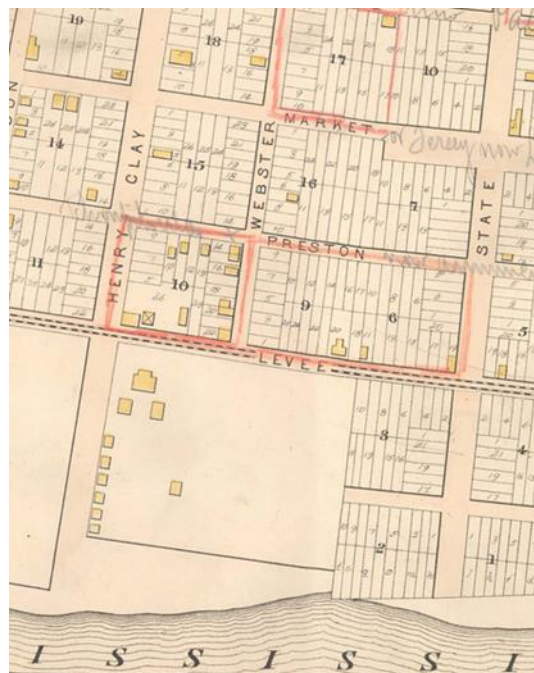


Figure 6. 1883 Robinson Atlas

The Marine Hospital soon constructed a medical complex on the site that included seven structures, two of which remain today: the Director's Residence and a gate house at the old Tchoupitoulas Street entrance. An article in the *Times Picayune* from June 17, 1883 states that the plans for the new Marine Hospital were prepared by Col. John W. Glenn. According to the author, the drawings indicated that the U.S. Marine Hospital, once completed; "will be one of the finest and best appointed institutions of the kind in the country."<sup>1</sup> The plans indicated that there were to be two executive buildings, which were to be two-story masonry structures housing an office, dispensary, reception and operating rooms on the ground floor. The second floor would include three assistant surgeons' rooms, bed and dining rooms and kitchen. (Figure 7) Behind the front buildings, the hospital wards were to each be one-story frame structures, 106 feet long by 28 feet long with dining rooms and nurse rooms. Also included on the site were a stable, carriage house and dead-room. In addition, the Director's Residence was to be a: "handsome two-story frame building 55 feet by 40 feet." The 1909 Sanborn map shows the configuration of the 1883 hospital complex at the center of the site. (Figure 7) In addition, the campus included several one-story frame residential structures along Henry Clay Avenue and one-story Creole cottage near the corner of Henry Clay and Tchoupitoulas Streets—remnants from the plantation era of the site, an office and stable near Tchoupitoulas Street, a gate

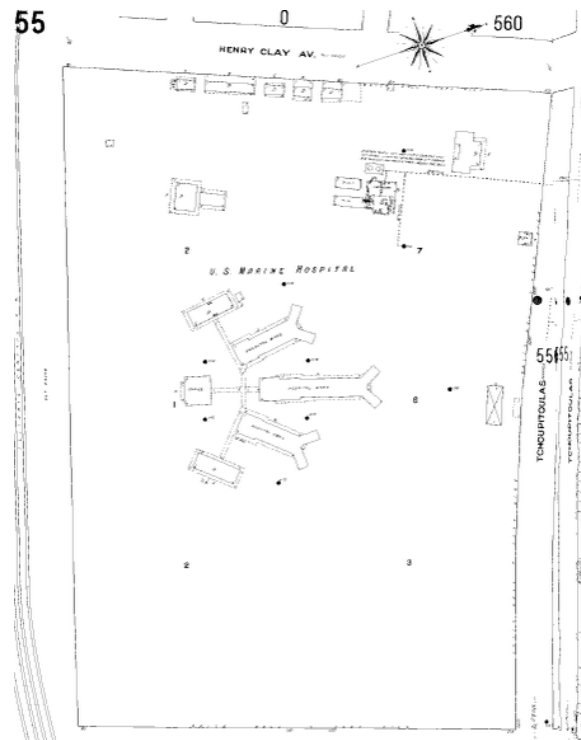


Figure 7. 1909 Sanborn Map, Volume 6, Sheet 555



Figure 8. Director's Residence, 1903. *New Orleans, The Crescent City*

house near Tchoupitoulas Street and a laundry building. A seven foot high brick wall is indicated around the State, Tchoupitoulas Street and Henry Clay Avenue property lines. This wall still remains today. A photograph of the complex appeared in *New Orleans, The Crescent City* in 1903 and features the Director's Residence as it looked prior to the addition of the second floor gallery. (Figure 8)

<sup>1</sup> The New Marine Hospital. The Plans Prepared and Work Soon to Commence. (1883, June 17) *Times Picayune*, p.3.

In 1896 improvements were made to the Marine hospital, including an electric light plant and a steam laundry. An article in the Times Picayune dating from December 15, 1918 outlined \$180,000 of improvements authorized by Congress for the construction of additional hospital wards, an isolation building, nurses quarters and attendant's quarters. The improvements were to be supervised by H. G. Richey, the Construction Superintendent for United States Public Buildings and completed within four months. The author notes that the hospital's War garden, rose bushes and baseball field were to be sacrificed for the improvements, but noted that the "grounds of the hospital are spacious enough to afford an almost unlimited number of baseball courts. Rose bushes, neatly clipped hedges, many flowers and abundant shrubbery afford a place where a man can walk along the trim paths or sit on one of the benches scattered around and be happy in spite of a sling or a crutch."<sup>2</sup> Figure 9 is an aerial photograph showing the campus as it appeared in 1928 prior to demolition, including the original 1883 campus with the additional structures added in 1918.



Figure 9. Aerial View of U.S. Public Health Hospital, 1928

---

<sup>2</sup> Marine Hospital Will Care for Scores of Sick Seamen. (1918, December 15) *Times Picayune*, p.42.



Figure 10. USPHS workers eradicating rat population.

As the United States' population and economy grew, so did the New Orleans Public Health Hospital's mission. The core mission of caring for sick and disabled seamen was expanded to include a variety of public health initiatives, including the inspection and disinfection of ships, medical examination of immigrants, monitoring and preventing the transmission of infectious diseases across state lines and general research in the field of public health. For example, when New Orleans was threatened with the Bubonic plague in 1914, the Public Health Service was charged with containing the disease and arresting its spread. The Public Health Service

set rat traps throughout the city and checked them twice daily, netting as many as 4,000 to 5,000 rats per day. By 1916 their efforts had effectively stymied the spread of the plague in New Orleans and the city was cleared of the infection. (Figure 10)

By 1925 demand for Marine Hospital services had far exceeded capacity. The opening of the Panama Canal in 1914 generated increased traffic in the port of New Orleans and with it, an increased number of merchant seamen seeking care. The daily census in 1925 had risen to 353, far greater than previous years' averages. To accommodate the growth, officials at the Marine Hospital turned warehouses into wards and packed the existing wards and porches with additional beds. While this expansion of the Port's trade was welcomed, public officials began to call for a larger facility to accommodate the surge. In 1925, Secretary of the Treasury Andrew W. Mellon stated in a report to Congressional Subcommittee on Public Buildings: "The present Marine Hospital at New Orleans is entirely inadequate." Officials pointed out that the building inventory was largely of frame construction, constituting a fire hazard and deemed it: "A crude governmental hospital in one of the largest ports of the United States and in a wealthy and progressive section of the Country."<sup>3</sup>

Despite initial resistance from the Coolidge administration, appropriations for a new Public Health Service Hospital in New Orleans finally gained traction. In 1927 Congress approved two million dollars for a new Public Health Service Hospital in New Orleans. The Department of the Treasury began drafting plans with the assistance of Dr. John Spellman of Touro Infirmary.<sup>4</sup> Plans for the hospital were announced by Major W. C. Rucker, the Surgeon in charge of the Public Health Service Hospital in 1928. Percy I. Balch, an architect in of the Office of the Supervising Architect of the Treasury Department, designed the complex under the direction of the Acting Supervising Architect, James A. Wetmore.<sup>5</sup> By February, 1930 the plans were complete, R.P Farnsworth was selected as the contractor and contracts were let in July. The total cost for the first six buildings including a five-story main structure, three story

<sup>3</sup> New Orleans Marine Hospital. (1925, December 24) *Times Picayune*, p.8.

<sup>4</sup> Marine Hospital. (1927, January 20) *Times Picayune*, p.1.

<sup>5</sup> U.S. Will Spend 2 Million Here on New Hospital. (1928, May 9) *Times Picayune*, p. 14.

administration building, a four story medical unit, accessory building and powerhouse was \$1,178,000 and was expected to be completed within 18 months. The new hospital's capacity was projected at 500 beds. The original 1883 complex along with the 1918 additions were all demolished except for the Director's Residence, the 1830's Creole cottage known as the Overseer's House and the masonry Tchoupitoulas Street gatehouse. The newspaper stated: "In design and equipment this new Federal hospital will rank with the nation's best. The benefits of its service will be widely shared and the nation's investment here to meet an acknowledged and pressing hospitalization need is endorsed and heartily approved by the nation."<sup>6</sup> In 1929 A. D. Taylor, a noted landscape designer, was enlisted by the Civil Works Administration to produce a landscape plan for the hospital. The plan, now housed in the National Archives, indicated extensive plantings of shrubs and trees along the major corridors of the complex and its outer edge.

Work continued on the site and the structures from 1929 until 1934. Along the way, completed buildings were occupied and put to use. The Medical Officer in Charge of the New Orleans Marine Hospital at the inauguration of construction, Major W. C. Rucker was succeeded by Major T. B. H. Anderson. A photograph from the Times Picayune on June 30, 1934 shows complex as construction concluded on the site in 1934. (Figure 11)

### *Buildings and Grounds of U. S. Marine Hospital Completed*

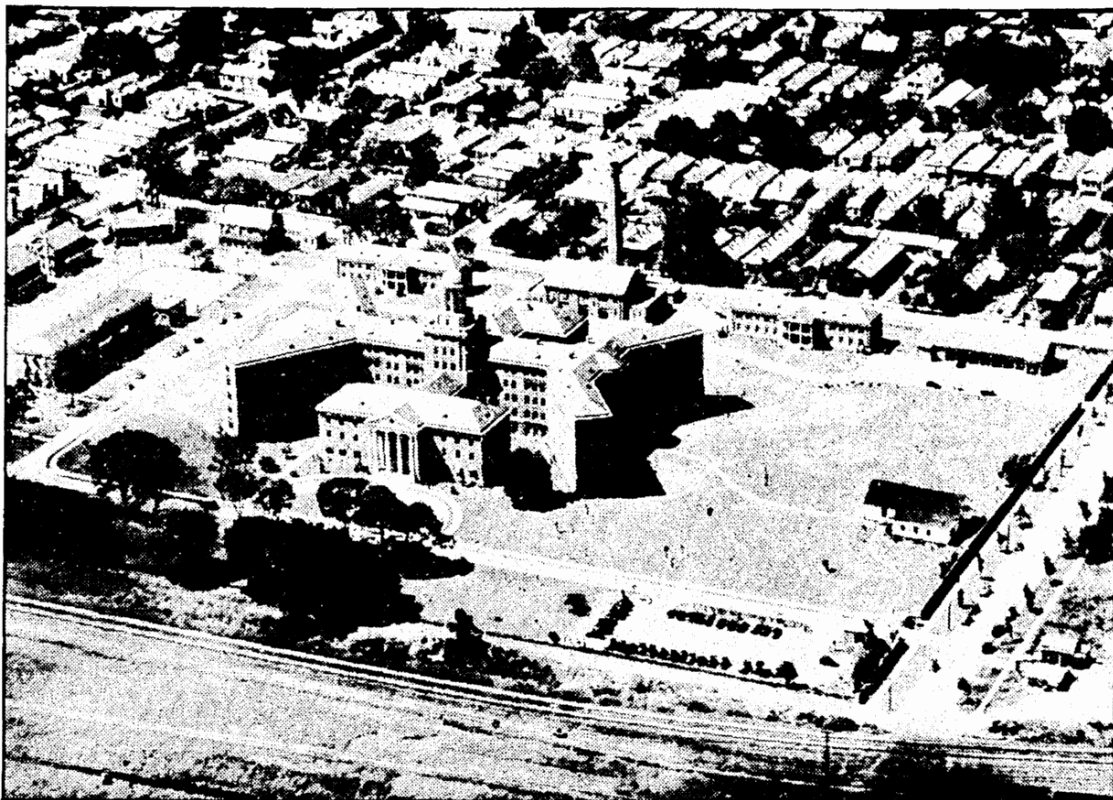


Figure 11. U.S. Marine Hospital at time of completion, 1934.

<sup>6</sup> New Marine Hospital. (1930, July 2) *Times Picayune*, P. 10.



Figure 12. Dental Clinic at the US Public Service Hospital

As the hospital's capacity expanded, so did those eligible for services. At the time the hospital was completed, members of the Civilian Conservation Corps, soldiers, sailors, government employees and war veterans along with their families could be admitted to the hospital or be seen at its clinics. At the time it opened the hospital included facilities for an ear, eye, nose and throat clinic, a dental clinic and lab, labor and delivery, pediatrics, radiology, ophthalmology, occupational therapy, amongst other services. (Figure 12)

Following its completion, hundreds of thousands of New Orleanians, foreign seamen, war veterans and Federal government employees passed through the doors of the Public Health Service Hospital. Thousands of doctors, nurses and hospital staff lived on its campus. The residential component of the complex – unlike any other hospital in New Orleans- lent the Marine Hospital a feeling of a community rather than merely a medical institution. A handbook for patients and staff published by the hospital in 1968 states “Our Hospital is 167 Years old. Its history is, in a very real sense, the story of medical progress played out in the lived of those thousands who have labored within its walls...It is to these individuals that this book is dedicated.”<sup>7</sup>

The 1968 Handbook states that at that time the hospital grounds consisted of 17.4 acres with 22 buildings and 20 trailers. In total, the complex included over 301, 587 square feet of medical and residential space. The hospital was staffed by 150 Commissioned officers and 464 civil service employees. In addition, 93 specialists had been consulted on an as needed basis. For the fiscal year of 1968 the daily census averaged 325 and 145,000 patients had been seen through out-patient visits. Thirty eight research projects were being conducted on the campus in concert with Tulane University, resulting in approximately 40 publications per year. Figure 13 is an aerial photograph taken at the time of the publication of the 1968 report.

---

<sup>7</sup> United States Public Health Hospital, New Orleans Louisiana. New Orleans: Public Health Service, Bureau of Health Services, Division of Direct Health Services, 1968.p.1.

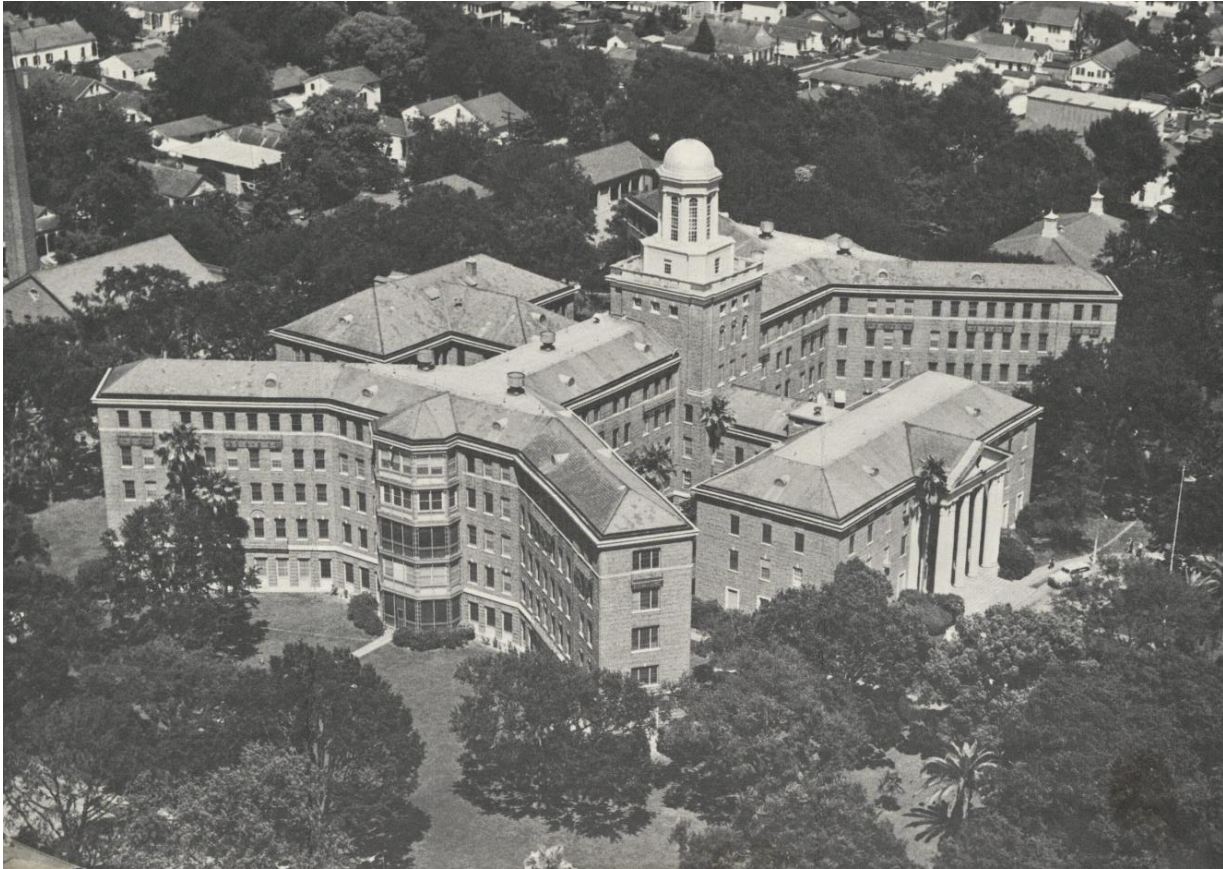


Figure 13. U.S. Public Health Hospital, aerial view.

Despite the obvious contributions the Public Health Service provided, funding to the network of hospitals and clinics was cut during the Nixon administration. Eight hospitals survived closure and remained open until the 1980's, including the Public Health Service Hospital in New Orleans. However, the remaining Public Health Service hospitals faced increased scrutiny during the Reagan Administration. A Report prepared for Congress by the General Accounting Office (GAO) of the United States published in June of 1981 outlined several issues with the management and expenditures of the United States Public Health Service Hospitals (USPHS). As the United States' dependence on merchant seamen for the economy waned, so did the number of primary beneficiaries to the hospital. By 1980 benefits were extended to seamen, members of the Coast Guard, National Oceanographic and Atmospheric Administration personnel and PHS Commissioned Corps officers.

The GAO's report found that many of the patients seen at Public Health Service Hospitals were doing so fraudulently or without proper documentation of their eligibility. The report also found that many of the patients had private health insurance through their employers but were not required to file claims upon visiting a USPHS Hospital. The USPHS also contracted with private hospitals and physicians in areas where a USPHS did not exist or if the hospital did not cover the specialty needed. In 1970 the private contract for private care cost the USPHS three million dollars. By 1981, the cost had escalated to thirty two million dollars. As a result, the Reagan Administration elected to shut down the remaining United States Public Health Service Hospitals.

At the time of its closure, the hospital had 300 beds and employed 475 people. During the fiscal year of 1979, the hospital had 136,963 outpatient visits and 78,997 inpatient days. Care for many of the patients who qualified were shifted to the Veterans Administration Hospital and the public health initiatives were transferred to various Federal and State agencies. The hospital administration held a jazz funeral for the hospital on October 3, 1981 featuring the Olympia Brass Band. Over 3000 people attended the event including current and former employees and former patients:

At the ceremony the U. S. Public Health Service flag was retired by the 4<sup>th</sup> division of the U. S. Marine Corps and presented to the Hospital's medical Director, Dr. Joseph J. Noya. With tears in his eyes and a voice continually breaking, he said, "Bricks and mortar make a building. People make a hospital. Part of me just died"<sup>8</sup>

Following the procession, gatherers enjoyed an afternoon of red beans and rice and music by the Navy Dixieland Jazz band of New Orleans.

The site with all of its buildings and improvements was transferred to the Louisiana State Department of Health and Hospitals. Act 40 of the Special Session of the Louisiana Legislature of 1981 allowed Governor Dave Treen to accept the donation of the USPHS for the purpose of providing a mental health facility for children and adolescents. The federal government stipulated at the time that the site was to be used for "general health care" for 30 years. The State department of Health and Hospitals opened the New Orleans Adolescent Hospital (NOAH), a facility to provide acute psychiatric care to children and adolescents ages 6-17 with severe mental illnesses, on April 5, 1982. The New Orleans Adolescent Hospital provided these services for 27 years. The large, serene campus, tennis court, swimming pool and large fields were particularly conducive to a therapeutic psychiatric hospital. NOAH served youths from throughout Louisiana and provided individual, group, family therapy, case management, parent education and special education classes. Following Hurricane Katrina, the hospital expanded its mission to include outpatient mental health care for adults.

In 2009, Governor Bobby Jindal closed the New Orleans Adolescent Hospital due to budget cuts and patients were transferred to Southeast Louisiana Hospital in Mandeville. Children's Hospital began leasing space in the hospital and eventually purchased the property in February of 2014 for 29 million dollars.

---

<sup>8</sup> Hospital Goes Out New Orleans Style. (1981, October 4) *Times Picayune*, p.1.

## Architectural Significance

The United States Public Health Hospital complex was designed in 1929 by Architect Percy I. Balch under the aegis of the Acting Supervising Architect of the Treasury, James A. Wetmore in the Colonial Revival style. The complex consists of a three-story administration building fronting the Mississippi River behind which two, 5-story, “Y” -shaped hospital wings sit. Another four-story building sits behind the hospital structure facing Tchoupitoulas Street. (Building 1 on the Site Master Plan). Six, two-story structures that sit along the Henry Clay Avenue property line (Buildings 11-15) were designed as residences for doctors and nurses. A larger three-story structure was designed for use as Nurses quarters. (Building 10) Buildings 5 and 7 were originally designed to be used as attendant’s quarters, garage, electric shop, pipe shop and supply storage. Building 6 includes the power house and laundry. Building 4 was also used as a garage and shops and Building 2 was a recreation building. Building 9, known as the Overseers’ House was used as Executive Officer’s Quarters, and the Director’s Residence, salvaged from the 1883 Marine Hospital complex was used as the Medical Officer in Charge or “MOC” residence.



Figure 14. Exhibit B – Site Master Plan, Children’s Hospital, 2015

## Colonial Revival Style

A *Times Picayune* article regarding construction of the Public Health Service Hospital dating from July of 1930 states: “The construction will be of reinforced concrete on composite pile foundations with brick walls and limestone trimming. The architectural style will be Colonial with ornamental grilles and balustrades and with slate roofs. Six majestic limestone columns will mark the main entrance to the

administration building...The front building will contain a beautiful lobby in keeping with the architecture, and there will be an old fashioned lantern tower of aluminum on the roof...The hospital will be equipped throughout with the most modern and improved facilities. The interior will be painted in the new method, a special color for each type of work. ”<sup>9</sup>

The Colonial Revival style (1880-1955) emerged in America as architectural tastes shifted from the picturesque excesses of the Victorian era to a more restrained, academic architecture based on Classical models. During the nation’s centennial in 1876, a new interest in America’s colonial past was awakened. Influential architects McKim, Meade and White toured New England to survey and study the nations’ colonial heritage. Two residences designed by the firm, the Appelton house (1883-84) and the H.A.C. Taylor House (1885-86) inspired a new style based on Adam and Georgian architectural details exaggerated and applied freely to large scale residences. The return to the classical was cemented with the “White City” constructed for Chicago’s Columbian Exposition in 1893. Large scale, classically inspired buildings brought the best of École des Beaux Arts principles of planning and design to the masses. As the Colonial Revival style progressed, the emphasis shifted to carefully researched examples based more closely on the original with correct proportions and details. The U.S .Public Health Service Hospital represents the later, more subdued expression of the style commonly found during the 1930’s and 40’s. The architectural embellishment is confined to the main entrance and is devoid of the lavish ornament typical of the earlier buildings in the style.

### Building Inventory

The front elevation of the three-story Administrative Building is of red brick masonry. The façade is dominated by a monumentally scaled three-story portico supported by six, round, limestone columns with stylized capitals. The portico is punctuated by an ocular window with a multi-light sash. The cornice of the portico is ornamented with restrained dentils. Wide entry steps access three arched, fan light doors. The original doors have been removed, but the fan lights remain. The windows at the ground floor include plain stone surrounds that meet a stone base and originally included wrought iron grilles. The arched front doors as well as the windows of the second floor are ornamented



Figure 15. Administration Building

---

<sup>9</sup> Contract is Let for New \$1,178,000 Marine Hospital. (1930, July 1) *Times Picayune*, p.1.

with limestone keystones. All original, wood, multi-light windows have been replaced with modern aluminum windows. To either side of the portico, four bays of punched openings are surmounted by rectangular limestone panels.



Figure 16. Medical Building Ground Floor Detail

The five-story hospital tower behind the Administrative building mimics the style and fenestration pattern of the Administration Building. The ground floor is enhanced by horizontal brick courses that suggest rustication and elaborate brick keystones above the windows. A limestone stringcourse separates the ground floor from the second floor. The second floor windows include limestone sills and keystones. Hexagonal bays at each side of the medical tower, once partially open air, were enclosed with concrete and vertically oriented slot

windows at some point in time. (Figures 17 and 13) The third and fourth floor windows mimic those below without the keystone and a stone string course separates the fourth and fifth floors. A simple boxed eave of the hip roof projects slightly over the walls of the building. The center of the five-story structure is surmounted by a three-story tower with a limestone and brick balustrade. Above this rests an octagonal cupola ornamented with Doric pilasters, arched, multi light windows and a freeze with garlands.



Figure 17: Medical Building Side Elevation



Figure 18: Cupola detail



Figure 19. Residential Quarters

Building # 8 on the Site Master Plan is one of five, two-story brick structures constructed as residences for doctors and Administrative Officials that resided on campus. The building, constructed as a double residence, includes a living room, dining room and kitchen on the ground floor of each unit. The second floors included three bedrooms and a bath for each unit. The front elevation includes a wood screened-in porch with simple wood box columns and a low – pitched , standing-seam, metal, hipped roof. The

wood, six-over-six windows remain but are covered by non-original awning. A wood cornice rests above the second floor and wraps partially around the side elevations. Chimneys are set to either side of the gable roof.

Adjacent to Building # 8 is the gatehouse which remains from the 1883 Marine Hospital. This one-story, masonry gate house features a heavy cornice detailed in brick to emulate modillions. The main elevation features a door with a transom above and a six-over-six, wood window. The entry sequence was relocated from Tchoupitoulas Street to State Street when the 1934 Hospital complex was constructed.



Figure 20. Gatehouse



Figure 21. Gatehouse

Building # 7 on the Site Master Plan is the Attendant's Quarters and Garage. The ground floor included the Engineering and Maintenance Office, the Electric Shop and the Pipe Shop. Behind the shops sat two garages. These garage openings have since been filled in. The front elevation of this two-story, red brick masonry building includes a central wood frame portico that projects from the main mass of the building and is supported by four, wood, two-story columns. A multi-sash, fan light punctuates the gable of the pediment. The found floor openings are detailed with slightly recessed arched niches and include wood, six-over-six windows set above a panel. The second story, six-over-six windows are ornamented with limestone keystones. A simple fascia and boxed eave rests above the windows and the building includes a hipped roof.



Figure 22. Attendant's Quarters and Garage



Figure 23. Attendant's Quarters and Garage

Building # 6 is the power house and laundry. The most distinguishing element of this structure is its iconic, octagonal masonry smokestack. The ground floor of the structure included a pump room, boiler room and laundry. The second floor included the upper portion of the boiler room, second laundry room and a drying porch. The building is detailed in a similar manner as others on the campus.



Figure 24. Smokestack

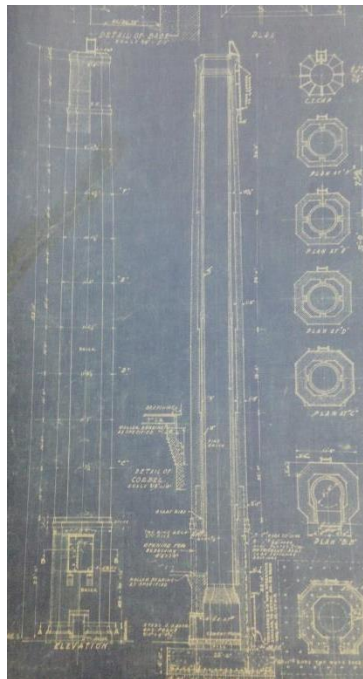


Figure 25. Smokestack



Figure 26. Powerhouse & Laundry

Building # 5 is essentially the same structure as building # 7 and was originally constructed as the Attendant's Quarters and Storage. The ground floor included the supply office and two large spaces on either side for hospital supplies. The second floor included locker rooms for male attendants and kitchen help as well as additional storage. This building was converted for use as a research building and laboratory. This building is often associated with the book, *Dr. Mary's Monkey*, which details a conspiracy theory regarding the mutation of monkey viruses to be used by the United States Government as assassination weapons. The two-story front porch was infilled at some time.



Figure 27. Attendant's quarters and storage



Figure 28. Attendant's quarters and storage



Figure 29. Garage

Building # 4 is the original garage and shops for the complex. The garage openings, like those on Building # 7, have been infilled with brick. The building featured eight garage-door openings separated by concrete posts. The building is a long, gabl- roof structure with two hipped roof extensions that provided raised garage door opening for truck deliveries. The garage is located adjacent to the State Street service entrance.

Building # 2 is the recreation building constructed after the completion of the hospital in 1934. The building was designed in 1939 and constructed soon thereafter. The building is of red brick construction with a stuccoed clerestory above the main floor. The clerestory is punctuated by square openings with diamond light sashes. Each side of the large hip roof is further articulated by a wood louvered steeple.



Figure 30. Recreation Building

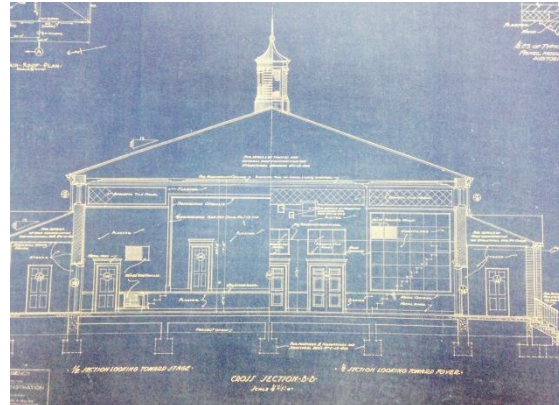


Figure 31. Recreation Building



Figure 32. Recreation Building

Building # 3, known as the Director's Residence or Medical Officer in Charge (MOC) Quarters is the only surviving structure from the 1883 campus aside from the original gatehouse-. This two-story, Italianate style, frame structure was constructed as part of the first Marine Hospital complex and is attributed to Col. John W. Glenn under the aegis of Mr. Still, Supervising Architect of the U.S. Treasury. The Director's Residence is a six-bay, frame, asymmetric building with a gable end at one side of the façade ornamented by a heavy, cornice with modillions. The ground floor includes a central entry door with a transom above. To one side a bay window with three, two-over-two windows projects from the front plane of the building. The other side of the entry door includes two bays with two-over-two windows.

The building originally included only the covered porch at the ground floor with wood chamfered posts and a carved wood balustrade. The upper gallery was added after 1903, as evidenced by the photo below. The rear service wing is detailed similarly to the main structure but may be a remodeling of an outbuilding dating from the 1850's.



Figure 33. Director's Residence, 1903



Figure 34. Director's Residence



Figure 35. Director' Residence – rear wing



1 Figure 36. Director's Residence – detail- front elevation

Building # 9, The Overseer's House, is the oldest extant structure remaining on the site. This one-story, frame, Creole cottage is believed to have been constructed during the 1830's and expanded to include a Greek Revival style gallery and side wings during the 1850's. Its footprint can be seen in the 1883 Robinson Atlas where it stood on the site prior to the purchase by the Marine Hospital. The building likely originally consisted of four rooms with a cabinet and gallery suite of rooms at the rear, typical of Creole cottages of the era. The building was rotated and relocated to the corner of the site to accommodate the construction of the current hospital complex during the 1930's.

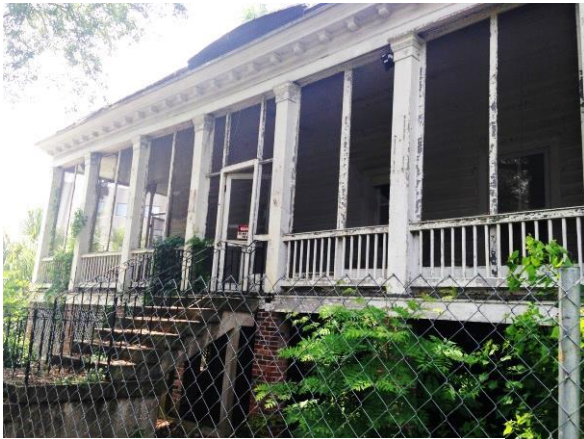


Figure 37. Overseer's House - Front Elevation



Figure 38. Overseer's House - Rear Elevation

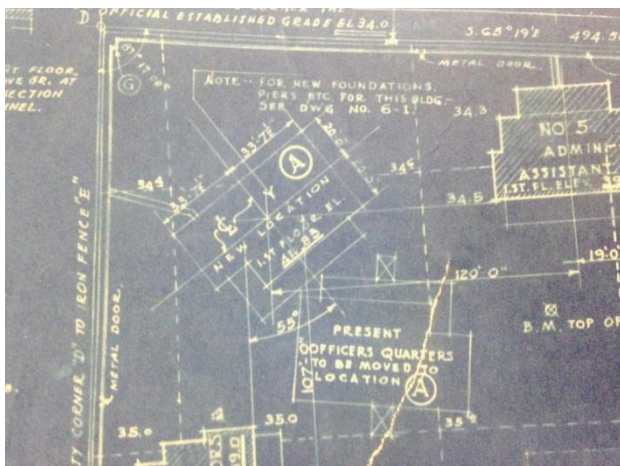


Figure 39. Overseer's House - drawing of relocation



Figure 40. Overseer's House - mantle

## Site Elements

One of the most familiar aspects of the campus to the average New Orleanian is the red brick wall around the perimeter of the site. This wall is believed to have been constructed between 1859 and when court documents indicate that the site was surrounded by an “old picket plantation fence...” and 1895 when a 7’-0” high brick wall appears on the Sanborn insurance map.<sup>10</sup> The entrance for the 1883 Marine Hospital was located on Tchopitoulas Street. The original gates were upgraded in 1930 and the main entrance relocated to the State Street side.



Figure 41. Perimeter wall, State Street



Figure 42. Tchopitoulas Street Gate



Figure 43. Perimeter wall, Tchopitoulas Street

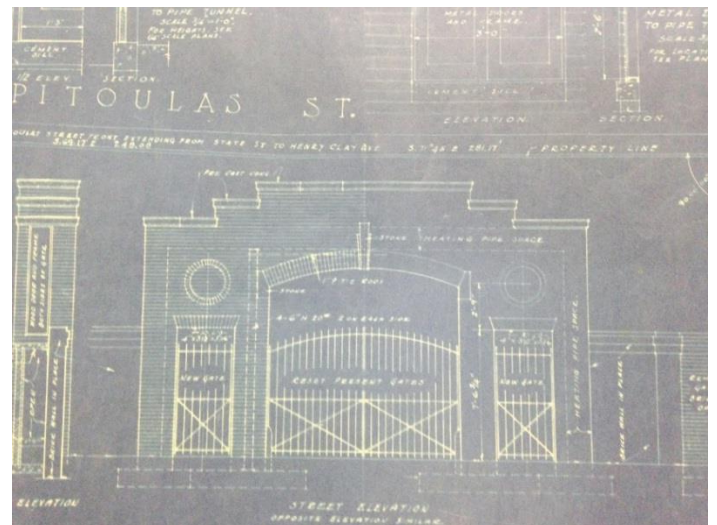


Figure 44. Design for gate – Tchopitoulas Street

<sup>10</sup> Reeves, Sally Kittridge and William. *Management Summary Cultural Resource Service, United States Public Health Service Hospital, New Orleans, October, 1981*, p. 4.

## Landscape Design

The landscape for the U. S. Marine Hospital was designed by noted landscape architect A. D. Taylor who studied landscape design at Cornell University where he received his Master's degree. He began his practice at the firm of Warren H. Manning in Boston, Massachusetts. In 1913 he relocated to Cleveland, Ohio where he began a lengthy and successful career designing subdivisions, parks, resorts and waterfront recreation areas. Taylor was influenced by the designs of Frederick Law Olmstead and many Olmstead devices can be observed in his work. Important A.D. Taylor landscape designs include the Ault Alms and Mount Echo parks in Cincinnati, Forest Hills Park in Cleveland, the Pentagon grounds in Washington, D.C. and of course, the U.S. Marine Hospital in New Orleans. Over the course of his career, A. D. Taylor helped to establish the Landscape Architecture Department at Ohio State University and also served as a member of the Committee on Landscape Architecture at the American Academy of Rome. Taylor also served as President of the American Society of Landscape Architects.

One of the major and significant features of the U.S. Public Service site is the integrity of the landscape design. The curving roads, tree groupings and plantings lend a serene and peaceful quality to the campus. The small scale residential buildings, as well as larger scaled structures, are nestled in the mature oaks, and the progression from space to space is seamless. Many of the mature oak, magnolia and pecan trees that remain on the site pre-date the 1929 A.D. Taylor plan (Figure 43) including those along the Leake Avenue perimeter as evidenced by the 1928 photo of the Marine Hospital (Figure 9) and the by the aerial photo of the hospital upon completion (Figure 11). The A.D. Taylor plan called for the addition of palm, camphor and oak trees in abundance around the site. Photographs from the 1960's and 1970's indicate that some palm trees were planted but it is clear that the entirety of the A.D. Taylor plan was never fully realized. (Figure 14)



Figure 45. Existing landscape



Figure 46. Existing landscape

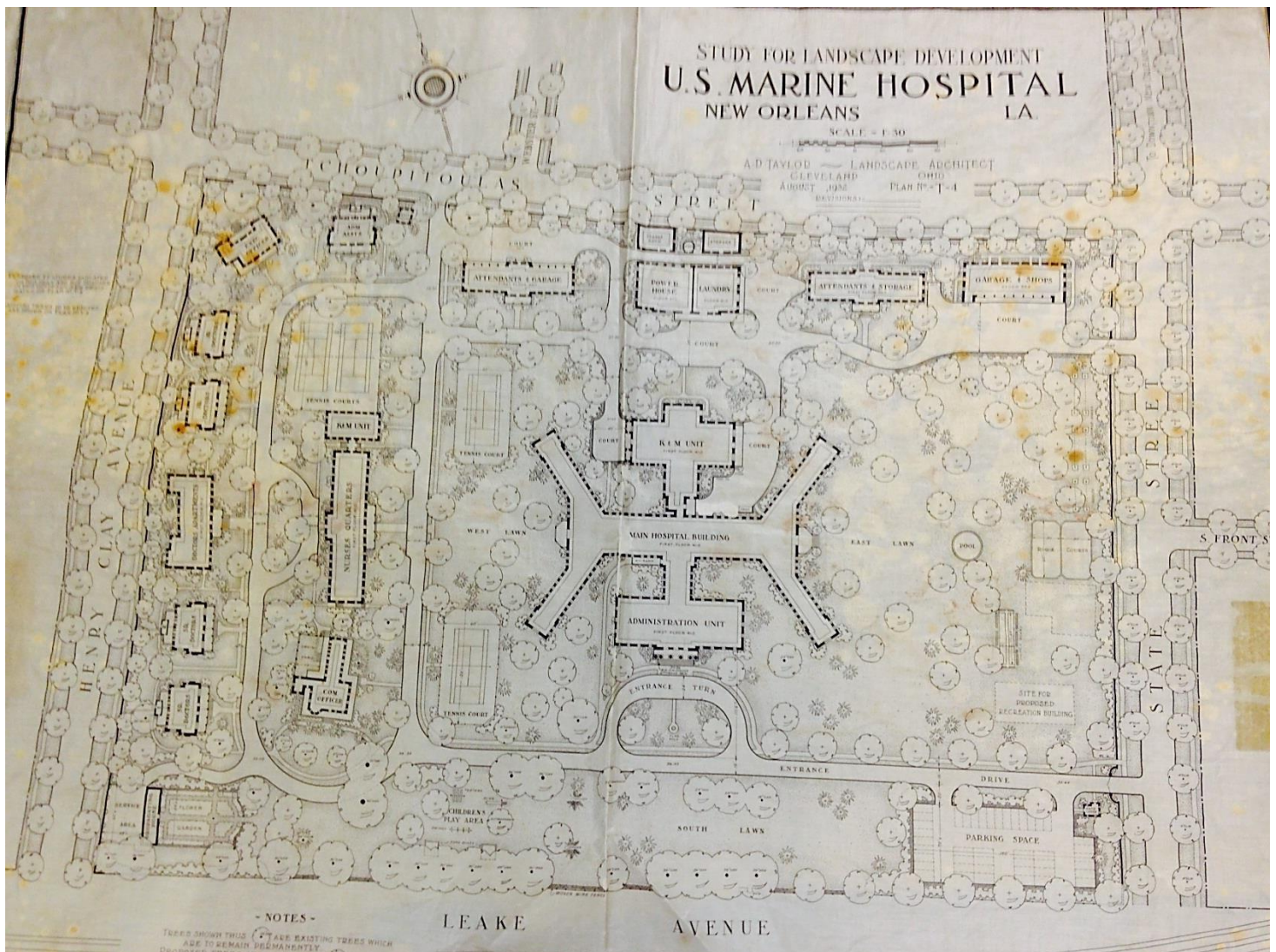


Figure 47. Study for Landscape Development, A.D. Taylor, 1929

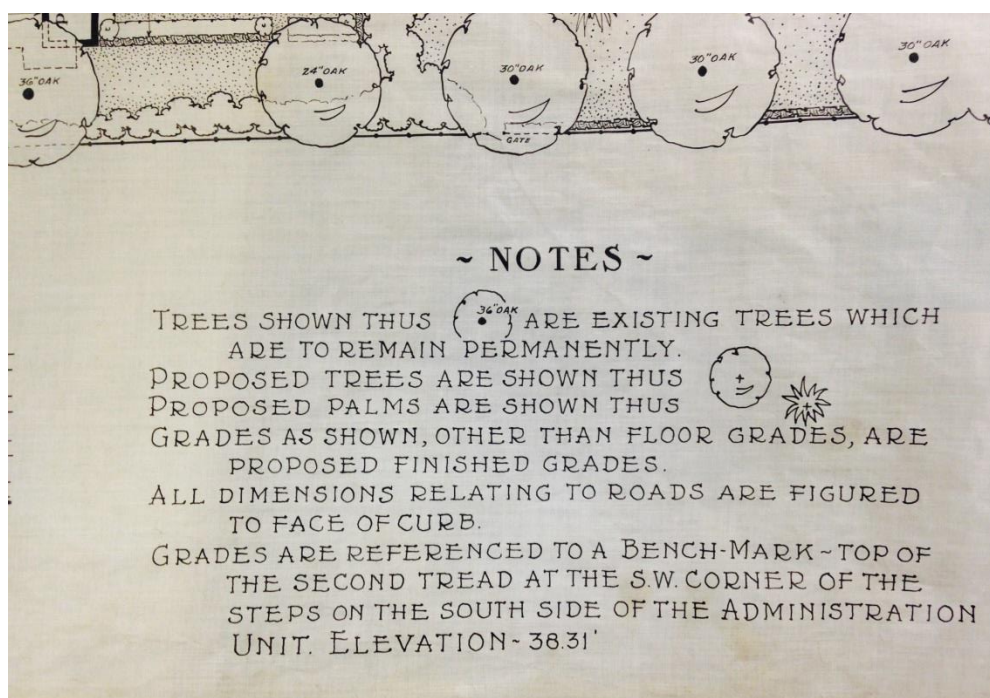


Figure 48. 1929 Study for Landscape Development - Notes

Arch

## Architectural Design

Percy I. Balch, an architect in of the Office of the Supervising Architect of the Treasury Department, designed the complex under the direction of the Acting Supervising Architect, James A. Wetmore.

Percy I. Balch (1876-1936) was a distinguished architect in the office of the Supervising Architect. Balch was born in Cambridge, Massachusetts and early in his career became associated with several prominent architects in Boston. He began his work at the Supervising Architect's office in 1906 and was soon placed in charge of designing large government projects until 1931 when he was made Assistant Superintendent of the Architectural Division of the Treasury Department. In 1934 he was made Administrative Assistant to the Supervising Architect, a role which he performed until his death at 60 in 1936. Balch was active in the Masonic Fraternity and was Master of Acacia Lodge, F.A.A.M. and Past High Priest of Hiram Chapter, Royal Arch Masons. As a leader in the Supervising Architect's office, Balch designed-or had a hand in designing-many of the large government facilities throughout the United States: "Mr. Balch long had been regarded as one of the most valuable members of the staff of the Supervising Architect"<sup>11</sup>

James A. Wetmore (1865-1940) served as Acting Supervising Architect of the Treasury Department for 19 years and held the post during the period when the United States Public Health Hospital was designed and constructed. Wetmore was born in Bath, New York in 1865. At the age of twenty he began his lifelong career as a civil servant in New York City as a court reporter. He relocated to Washington D.C. to study law at George Washington University. Although he never studied architecture, he took a position in the office of the Supervising Architect. By 1911, Wetmore became Executive Assistant to Supervising Architect, James Knox Taylor, and was placed in charge of all non-technical aspects of the office. In 1915 he was asked by the Secretary of the Treasury Department to become the Supervising Architect. Wetmore: "Twice refused the post, explaining he wanted to save the Government embarrassment since he was not a trained architect, but was prevailed upon to take the position when allowed to be known as 'Acting Supervisor.'"<sup>12</sup> During his tenure, Wetmore oversaw the design and construction of over 2,000 public buildings, including Customhouses, Federal court houses and office buildings throughout the United States. Wetmore retired from the Department of the Treasury in February of 1934, the year the USPHS in New Orleans was completed.

---

<sup>11</sup> Percy I. Balch, 60, Dies on Vacation. (1936, July 22) *The Evening Star*, p. A-5.

<sup>12</sup> James A. Wetmore, Retired Treasury Architect, Dies. (1940, March 15 ) *The Evening Star*, p A-14.

## **Statement of Significance**

The Historic District Landmarks Commission evaluates the significance of a structure based on four criteria as established by Section 84.22 of the City Code. The staff finds that United States Public Health Service Hospital site (excusing those buildings and structures not nominated by the New Orleans Historic District Landmarks Commission) meets all four of the criteria.

Criteria 1 – Exemplifies or reflects the broad cultural, political, economic, or social history of the Nation, State or Community.

The United States Public Health Hospital was designed and constructed by the Federal Government to provide a medical facility for seamen. The Federal Government determined that the United States' interest in the health of those seamen was significant enough to the economic and national security of the nation that they funded a network of institutions for their care. These hospitals, in turn, became the nation's first line of defense from the spread of epidemics within the country. The USPHS hospitals played a large role in the medical and military community and were essential to the country. Locally, the USPHS provided medical care to hundreds of New Orleanians. Hundreds of attendants, nurses, officers and doctors lived within its walls and cared for foreigners and citizens alike. Many today remember visiting the site for their medical care or living in one of its residences. The attachment New Orleanians felt toward the hospital and its site is reflected by the closing ceremony – or Jazz funeral- held at the time of its closing in 1981. The hospital, its grounds and its staff over the 47 years it served as a USPHS hospital became enmeshed in the life and culture of both the nation and the city.

Criteria 2 - Is identified with historic personages or with important events in national, state or local history.

The USPHS hospital and its site are intricately tied to the nation's public health system as well as to its national defense. The hospital provided healthcare for military personnel and their families during World War 2 and following decades. In addition, the USPHS' research and preventative care formed the backbone of the nation's public health system. The New Orleans USPHS played a substantial role in protecting New Orleans and the State of Louisiana from the spread of epidemics such as the Bubonic plague and yellow fever.

Criteria 3 – Embodies distinguishing characteristics of an architectural type, specimen, inherently valuable for study of a period, style, method of construction or indigenous materials or craftsmanship.

The USPHS complex was designed as a unified campus in the Colonial Revival style and includes such distinguishing features as monolithic limestone columns, limestone keystones, recessed brick arches, detailed brickwork, a highly ornamental and detailed cupola, ocular windows, pediments and wood windows. The design team of the Supervising Architects Office of the Treasury Department chose several revival styles for the USPHS hospitals throughout the nation. New Orleans and Memphis were built in the Colonial Revival style – perhaps a nod to the region's architectural legacy rooted in classical architecture as well as the existing buildings the design department elected to save: the Overseer's Cottage and the Director's Residence. The Director's Residence dates from 1883 and represents a fine

example of the Italianate Style. Details, such as the heavy cornice, carved handrail, chamfered porch posts, two-over-two buildings, are all typical of the style and are deftly executed. The Overseer's Cottage is the only structure remaining from the site's agricultural era.

Criteria 4 – Is representative of the notable work of a master builder, designer, or architect whose individual ability has been recognized.

The USPHS was designed by Percy I. Balch under the direction of the Acting Supervising Architect, John Wetmore in 1929. Both gentlemen have been noted for their distinguished careers designing and constructing hundreds of public buildings throughout the United States. Specifically, several USPHS hospitals designed during the same era were constructed under their leadership – many of which are listed on the National Register of Historic Places, including the hospitals in Seattle Washington, and Staten Island, NY and Memphis, TN.

The park-like landscape of the USPHS in New Orleans was designed by A.D. Taylor, a distinguished member of the profession of landscape architecture. Although it is unclear to what extent his vision for the site was realized, it has to be assumed that the plan was used by the government to inform planting decisions made through the decades. The site plan for the hospital placed the main medical structure in the center of the site with support structures radiating from the center. The majority of the residential structures were placed along the Henry Clay Avenue side of the campus. Once the residential structures and brick perimeter wall at the Henry Clay Avenue side of the campus are removed, the continuity, unity and integrity of the site and its landscape will be compromised.

**Staff Recommendation:**

Based on the criteria for evaluating the significance for landmark designation as set forth in section 84.22 of the City Code, The staff recommends that the structures labeled 1-9 on the Site Master Plan be designated as landmarks. The staff also recommends that the masonry retaining walls along State and Tchoupitoulas Streets be designated along with the 1883 and 1931 gatehouses.

## 210 State Street Photo Credits

Figure 1. Commons.wikimedia.org. "US Marine Hospital New Orleans General View"

Figure 2. Eskew, Dumez and Ripple

Figure 3. Amyheiden.com, "Marine Hospital, TN"

Figure 4. Wikipedia.org "Pacific Tower (Seattle) "

Figure 5. [https://www.flickr.com/photos/boston\\_public\\_library/](https://www.flickr.com/photos/boston_public_library/)

Figure 6. 1883 Robinson Atlas, <http://www.orleanscivilclerk.com/robinson/>

Figure 7. 1909 Sanborn Map, Volume 6, Sheet 555

Figure 8. *New Orleans, Louisiana: The Crescent City*, 1903.

Figure 9. United States Public Health Hospital, New Orleans Louisiana. New Orleans: Public Health Service, Bureau of Health Services, Division of Direct Health Services, 1968

Figure 10. [http://www.nlm.nih.gov/exhibition/phs\\_history/contributions.html](http://www.nlm.nih.gov/exhibition/phs_history/contributions.html)

Figure 11. New Marine Hospital. (1930, July 2) *Times Picayune*, P. 10.

Figure 12. [http://www.nlm.nih.gov/exhibition/phs\\_history/contributions.html](http://www.nlm.nih.gov/exhibition/phs_history/contributions.html)

Figure 13. United States Public Health Hospital, New Orleans Louisiana. New Orleans: Public Health Service, Bureau of Health Services, Division of Direct Health Services, 1968

Figure 14. Site Master Plan, Eskew, Dumez and Ripple

Figures 15 through 24. Eleanor Burke

Figure 25: Children's Hospital Archives

Figures 27 & 28: Eleanor Burke

Figure 28: Children's Hospital Archives

Figure 29 & 30. Eleanor Burke

Figure 31: Children's Hospital Archives

Figure 32: Eleanor Burke

Figure 33: *New Orleans, Louisiana: The Crescent City*, 1903.

Figure 34-28: Eleanor Burke

Figure 39: Children's Hospital Archives

Figure 40 through 43: Eleanor Burke

Figure 44: Children's Hospital Archives

Figure 45& 46: Eleanor Burke

Figure 46& 48: Children's Hospital Archives